								Application or Docket Number						
<b>1</b> 2	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10827037					
-	CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENTITY		OTHER	R THAN		
الزر	OTAL CLAIMS	<u></u>	ICOILITE.	<u> </u>	100.	<u>Imn 21</u>	1	TYPE	FEE	OR T	RATE	FEE		
			NUMBER	<u>Z</u>	20004	ER EXTRA	.	BASIC F	+ -	4_	2000 555	<u> </u>		
<u> </u>	OR .		-		-				303.00	OR	DASIC	170.00		
TC	OTAL CHARGE	ABLE CLAIMS	9 mis	9 minus 20=		0		X\$ 9=		ОЯ	X\$18=			
	DEPENDENT C			/ minus 3 =		<del></del>		X43=		OR	X86=			
MŁ	ILTIPLE DEPE	NDENT CLAIM PI	RESENT			Ø		+145=	145	ОЯ	+290=			
•11	the difference	e in column 1 is	less than zo	ero, enter	**************************************	column 2	. •	TOTAL		OR	TOTAL			
	c	CLAIMS AS A	MENDE	D - PAR'	T II				-		OTHER			
_		(Column 1)		(Colum		(Column 3)		SMAL	LENTITY	OR	SMALL			
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 5	Minus	-2	0			X\$ 9=	17	OR	X\$18=	7		
AME	Independent	• /	Minus	-3	3	=		X43=	<u> </u>	OR	X86=			
	FIRST PRESE	ENTATION OF ML	JUTIPLE DE	PENDENI	CLAIM			+145=	1/	OR	+290=			
ı	1						L	TOTA			TOTAL	H		
l		Cohima 11	• :	Cohe	O1	(Calinina 3)	A	DDIT. FE	E LL.	JON ,	ADDIT. FEE	+		
	· /	(Column 1) CLAIMS	T .	(Coluit	EST	(Column 3)			ADDI-	1		ADDI-		
AMENDMENT B	5/3/05	REMAINING AFTER AMENDMENT		PREVIO PAID F	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL		
MON	Total	. 6	Minus	- 2	20	•		X\$ 9=		OR	X\$18=			
AME	Independent	• /	Minus	2	3	2		X43= .	1 .	OR	X86=			
لنا	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	TIPLE DEPENDENT CLAIM			1	+145≑		OR	+290=			
	•						_	TOTAL		OR	TOTAL ADDIT, FEE			
		(Column 1)		(Colum	nn:2)	(Column 3)	. ~	DDHI, FEL	. <del> </del>	1	ADDII. Tala	•		
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		PATE	ADDI- TIONAL		
DME	Total		Minus		<u> </u>		1	X\$ 9=	FEE	OR	X\$18=	FEE		
S.	Independent	•	Minus ·			-	-	X43=	1		X86=			
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	A43-	<del>                                     </del>	OR				
							·L	+145=		OR	+2 <b>9</b> 0=			
(1	I the "Highest Nur		id For IN THIS	S SPACE IS	less than	20, enter "20."	A	TOTAL		OR ,	TOTAL NODIT, FEE			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE														